



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

JUN 15 2012

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 12-002. This SPA was submitted to my office on March 30, 2012 requesting to amend the Medi-Cal tribal advisory process as outlined in the current State Plan.

The effective date of this SPA is January 1, 2012. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Section 1.4, pages 9, 9.1, 9.2 and 9.3

In addition to the formal process and requirements described in the State Plan, the State has also agreed to provide Indian health programs and Urban Indian organizations with information regarding positive changes to the Medi-Cal program. We understand that the State will be publicizing these changes on its website and/or distributing tribal notices so that there is an opportunity for input to be provided on positive changes as well.

If you have any questions, please contact Kristin Dillon by phone at (415) 744-3579 or by email at Kristin.Dillon@cms.hhs.gov.

Sincerely,

/s/

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Cyndi Gillaspie, Centers for Medicare and Medicaid Services
Lane Terwilliger, Centers for Medicare and Medicaid Services
Kathyrn Waje, California Department of Health Care Services
Sam Willburn, California Department of Health Care Services